



1616

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application No.

09/405,046

Filing Date

September 27, 1999

First Named Inventor

MEADE

Examiner Name

D. L. Jones

Group Art Unit

1616

Attorney Docket No.

A-58634-6

RECEIVED

DEC 20 2002

TECH CENTER 1600/2900

ENCLOSURES

(check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual nameRenee M. Kossiak, Reg. No. 47,717 for Robin M. Silva, Reg No. 38,304
DORSEY & WHITNEY LLP

Signature

Date

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date:

12-11-02

Typed or printed name

Mary McFarland

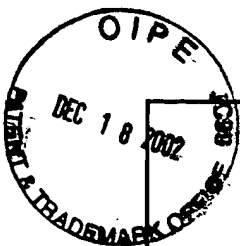
Signature

Mary McFarland

Date

12-11-02

Receipt



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application No.

09/405,046

Filing Date

September 27, 1999

First Named Inventor

MEADE

Examiner Name

D. L. Jones

Group Art Unit

1616

Attorney Docket No.

A-58634-6

RECEIVED
FEB 12 2003

TECH CENTER 1600/290

ENCLOSURES

(check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Corrected Filing Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Marked-up Version of Filing Receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Renee M. Kossiak, Reg. No. 47,717 for Robin M. Silva, Reg No. 38,304 DORSEY & WHITNEY LLP
Signature	
Date	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Washington, DC 20231 on this date:

12-11-02

Typed or printed name	Mary McFarland
Signature	Mary McFarland
Date	12-11-02



RECEIVED

FEB PATENT

Attorney Docket No.: 46808/200016/RFT/RMS/RMK
Attorney File No.: A-58634-01/RFT/RMS/RMK

TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MEADE, *et al.*

Serial No. 09/405,046

Filed: September 27, 1999

For: MAGNETIC RESONANCE IMAGING
AGENTS FOR THE DETECTION OF
PHYSIOLOGICAL AGENTS

Examiner: D.L. Jones

Group Art Unit: 1616

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including listed enclosures, is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Office of Initial Patent Examination, Customer Corrections Branch, Assistant Commissioner for Patents, Washington, DC 20231 on:

Dated: December 11, 2002

Signed: Mary M. Farland

Mary McFarland

REQUEST FOR CORRECTED FILING RECEIPT

Office of Initial Patent Examination
Customer Corrections Branch
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Attached is a copy of the official Filing Receipt received from the PTO in the above-identified application, for which issuance of a corrected Filing Receipt is respectfully requested. Please amend the Filing Receipt as follows:

In the "Applicant(s)" field,
Delete "ALTADENA, CA" and insert therefore --WILMETTE, IL--;
Delete "ARCADIA" and insert therefore --PASADENA
Delete "Pasadena, CA" and insert Dallas, TX--.

In the "Continuing Data as Claimed by Applicant" field,
Delete the three occurrences of "WHICH IS A CON OF" and insert therefore
--WHICH IS A CIP OF--;
Delete "PROVISIONAL APPLICATION NO." and insert therefore --WHICH CLAIMS
THE BENEFIT OF THE FILING DATE OF--;
Delete "WHICH IS A 371 OF" and insert therefore --WHICH CLAIMS THE BENEFIT

Serial No. 09/405,046

Filed: September 27, 1999

OF THE FILING DATE OF--

Delete "08549" and insert therefore --08548--.

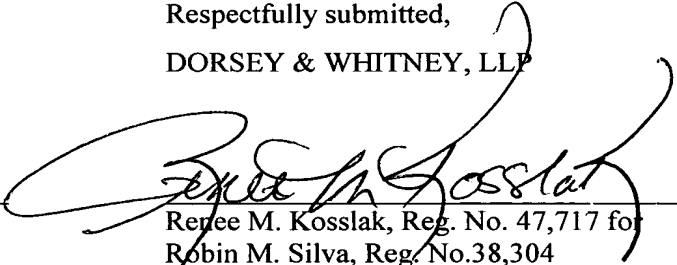
Enclosed herein is a copy of the official Filing Receipt indicating the requested corrections marked in red. Applicants enclose a copy of an executed declaration submitted in compliance with 37 C.F.R. 1.63 with the amended priority claim described above.

The Commissioner is authorized to charge any additional fees, including extension fees or other relief which may be required, or credit any overpayment to Deposit Account No. 50-2319 (Order No. 468081-00016 (A-58634-6/RFT/RMS/RMK)).

Respectfully submitted,

DORSEY & WHITNEY, LLP

Dated: 12/11/02


Renee M. Kosslak, Reg. No. 47,717 for
Robin M. Silva, Reg. No. 38,304
Filed under 37 C.F.R. § 1.34(a)

Four Embarcadero Center
Suite 3400
San Francisco, CA 94111-4187
Telephone: (415) 781-1989

PTO-103X
(Rev. 1-89)



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

FILING RECEIPT
CORRECTED

DEC 18 2002

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/405,046	09/27/99	1616	\$848.00	A-58634-6/RF	18	11	10

RECEIVED

FEB 12 2003

TECH CENTER 1600/2900

FLEHR HOHBACH TEST
ALBRITTON & HERBERT LLP
FOUR EMBARCADERO CENTER
SUITE 3400
SAN FRANCISCO CA 94111-4187

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

WILMETTE, IL

Applicant(s)

THOMAS MEADE, ALTADENA, CA; SCOTT FRASER, LA CANADA, CA;
RUSSELL JACOBS, ARCADIA, CA; WENHONG LI, PASADENA, CA.
Dallas, TX

CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A CIP OF 09/134,072 08/13/98 PAT 5,980,862
WHICH IS A CON OF 08/971,855 11/17/97 ABN
WHICH IS A CON OF 08/063,328 10/27/97
WHICH IS A CON OF 08/486,968 06/07/95 PAT 5,707,605
WHICH IS A CON OF 08/460,511 06/02/95 ABN
WHICH IS A 371 OF PET/US96/08549 06/03/96
CLAIMS THE BENEFIT OF PET/US96/08548

WHICH CLAIMS THE
BENEFIT OF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/18/99 ** SMALL ENTITY **
TITLE
MAGNETIC RESONANCE IMAGING AGENTS FOR THE DETECTION OF PHYSIOLOGICAL
AGENTS

PRELIMINARY CLASS: 424

DATA ENTRY BY: DILLON, LAWANDA

TEAM: 03 DATE: 02/07/00



FILE COPY

 Commissioner for Patents
 Washington, DC 20231
 www.uspto.gov


Bib Data Sheet

CONFIRMATION NO. 9059

SERIAL NUMBER 09/405,046	FILING DATE 09/27/1999 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. A-58634-8155 RECEIVED FEB 12 2003 TECH CENTER 1600/2900
APPLICANTS THOMAS MEADE, WILMETTE, IL; SCOTT FRASER, LA CANADA, CA; RUSSELL JACOBS, PASADENA, CA; WENHONG LI, DALLAS, TX;				
** CONTINUING DATA ***** This application is a CIP of 09/134,072 08/13/1998 PAT 5,980,862 which is a CIP of 08/971,855 11/17/1997 ABN which claims benefit of 60/063,328 10/27/1997 and is a CIP of 08/486,968 06/07/1995 PAT 5,707,605 which is a CIP of 08/460,511 06/02/1995 ABN				
** FOREIGN APPLICATIONS ***** UNITED STATES OF AMERICA PCTUS96/08549 06/03/1996				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/18/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY IL	SHEETS DRAWING 18	TOTAL CLAIMS 11
INDEPENDENT CLAIMS 10				
ADDRESS FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP FOUR EMBARCADERO CENTER SUITE 3400 SAN FRANCISCO ,CA 94114187				
TITLE MAGNETIC RESONANCE IMAGING AGENTS FOR THE DETECTION OF PHYSIOLOGICAL AGENTS				
FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____	

	<input type="checkbox"/> Credit
--	---------------------------------